

REGISTRATION FORM

No Phone or Faxed Registrations Accepted

HOW & WHEN TO REGISTER	
CLASSES, ACTIVITIES, SPORTS LEAGUES	SENIOR ACTIVITIES/CLASSES
Online at: www.DublinRecGuide.com Drop-off • In Person • Mail-In: Shannon Community Center 11600 Shannon Ave. Dublin, CA 94568	Online at: www.DublinRecGuide.com Drop-off • In Person • Mail-In: Dublin Senior Center 7600 Amador Valley Blvd. Dublin, CA 94568
For Spring 2012 Residents: Monday, March 5 Non Residents: Monday, March 12	Registration for Senior Programs is on-going.

Note: Registrations received prior to these dates are not given priority. Call **556-4500** for more information.

- Full payment is due at the time of registration. Checks are payable to the "CITY OF DUBLIN." MasterCard, Visa, Discover and American Express credit cards are accepted.
- Only check payments can be submitted with mail-in registrations. Credit Card payments must be made in person or online at www.DublinRecGuide.com.
- For mail-in registrations, confirmations will be sent to the address on the registration.
- Activity withdrawals can be done via phone or online up to four (4) working days prior to the start date. A credit for the full registration fee will be placed on your account. Withdrawal after that point will result in forfeiture of the registration fee.
- If you would like your credit balance refunded, please call 556-4500. Refunds take up to 30 days and are subject to a \$5 processing fee.
- If you do not already have an online account with us, please call 556-4500 to set up a free account, or set up an account at www.DublinRecGuide.com.

Parent/Main Contact Information

Last Name: _____ **First Name:** _____
Address: _____ **City:** _____ **State:** _____ **Zip:** _____
Home/Evening Ph: () _____ **-** _____ **Work/Daytime Ph: ()** _____ **-** _____
Email Address: _____ @ _____
Emergency Contact/Relationship _____ **Ph: ()** _____ **-** _____

PARTICIPANT'S NAME	BIRTHDATE	M/F	ACTIVITY TITLE	ACTIVITY #	2ND CHOICE	FEE
					Total fees due:	

I understand that photographs may be taken of me or my child during the course of the said activity and that these photographs may be used in the City of Dublin's publications.

PLEASE CAREFULLY READ THE FOLLOWING PARAGRAPH. AMONG OTHER THINGS, IT LIMITS YOUR RIGHT TO SUE SHOULD YOU OR YOUR CHILD BE INJURED WHILE PARTICIPATING IN A CITY PROGRAM.

Waiver and Release: I specifically acknowledge that city recreation programs may include physical activity that can result in injury to participants, and I agree that should I engage in such activity that I do so voluntarily and at my own risk. THE UNDERSIGNED, in consideration of participation in this program and the use of the City's facilities and premises, HEREBY RELEASES, WAIVES, DISCHARGES, AND COVENANTS NOT TO SUE THE CITY OF DUBLIN, its officers, employees, and agents ("the City") for any loss or damage, and any claim or demands therefor on account of injury to the person or resulting in the death of the undersigned, whether caused by the negligence of the City or otherwise, while the undersigned is in, upon, or about the premises or any facilities or equipment therein. In addition, the undersigned hereby agrees to indemnify and save and hold harmless, and defend at its own expense, the City from any loss, liability, damage or cost, including reasonable attorney's fee, the City may incur due to the presence of the undersigned, in, upon, or about the City premises or in any using any facilities or equipment of the City whether caused by the negligence of the City or otherwise. If this agreement is signed on behalf of a minor by a parent or guardian, the phrases "I" and "the undersigned" in the previous paragraph refer to the child and not to the parent or guardian signing on the child's behalf. In the case of an injury to my minor child, I authorize the City staff to administer minor first, and, in the event that I cannot be contacted and it is necessary to administer further medical treatment, I will take full responsibility for any medical expenses. I HAVE READ AND VOLUNTARILY SIGN THIS RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT. I HAVE READ THIS RELEASE.

Signature _____

Date _____

☐ Participant ☐ Parent ☐ Legal Guardian

FOR OFFICE USE ONLY

Date Entered: _____ **Receipt No:** _____

☐ Cash ☐ Credit Card ☐ Check No _____

Initial: _____